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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 42P6963R
I hereby declare that:		
The residence, mailing address and citizenship of the inventors are stated below.		
I am authorized to act on behalf of the following assignee: <u>Intel Corporation</u>		
and the title of my position with said assignee is: <u>Chief Patent Counsel</u>		
The entire title to the patent identified below is vested in said assignee.		
Inventor <u>Ramkirthik Ganagan</u>	Citizenship <u>India</u>	
Residence/Mailing Address <u>1219 Galston Drive, Folsom, CA 95630</u>		
Inventor <u>Owen W. Jungroth</u>	Citizenship <u>USA</u>	
Residence/Mailing Address <u>17550 Uplanda Drive, Sonoma, CA 95370</u>		
<input type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.		
Patent Number <u>6,297,374</u>	Date of Patent Issued <u>October 2, 2001</u>	
Title of Invention <u>METHOD AND APPARATUS FOR REDUCING STRESS ACROSS CHANNELS USED IN INTEGRATED CIRCUITS</u>		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:		
the specification of which		
<input checked="" type="checkbox"/> is attached hereto.		
<input type="checkbox"/> was filed on _____ as reissue application number _____ / _____		
and was amended on _____ (if applicable)		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.		
<input checked="" type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.		
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)		
<input type="checkbox"/> by reason of a defective specification or drawing.		
<input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.		
<input type="checkbox"/> by reason of other errors.		

[Page 1 of 2]

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Ocket Number (Optional) 42P6963R											
At least one error upon which reissue is based is described as follows: <div style="text-align: center; padding: 10px;">Applicants believe the original patent to be partly inoperative or invalid by reason of the patentees claiming less than patentees had a right to claim in the patent. <small>(Attach additional sheets, if needed.)</small></div> All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. I hereby appoint: <div style="display: flex; align-items: center; margin-top: 10px;"><input checked="" type="checkbox"/> Practitioners at Customer Number: <div style="border: 1px solid black; padding: 2px 20px; margin-left: 10px;">08791</div><div style="margin-left: 20px;">OR</div><div><input type="checkbox"/> Practitioner(s) named below:</div></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 50%;">Name</th><th style="width: 50%;">Registration Number</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table> <p style="font-size: small; margin-top: 10px;">as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center; margin-top: 10px;"><input checked="" type="checkbox"/> Customer Number: <div style="border: 1px solid black; padding: 2px 20px; margin-left: 10px;">08791</div><div style="margin-left: 20px;">OR</div><div><input type="checkbox"/> Firm or individual Name</div></div> <div style="margin-top: 10px;"><div>Address</div><div>Address</div><div style="display: flex; justify-content: space-between;"><div>City</div><div>State</div><div>Zip</div></div><div>Country</div><div style="display: flex; justify-content: space-between;"><div>Telephone</div><div>Fax</div></div></div> <div style="margin-top: 10px;">Full name of person signing (given name, family name) David Simon</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Signature </div><div>Date 11/14/03</div></div> <div style="margin-top: 10px;">Address of Assignee Intel Corporation, 2200 Mission College Boulevard, Santa Clara, CA 95052-8119</div>				Name	Registration Number								
Name	Registration Number												

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PTO/SRS (28-03)

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STATEMENT UNDER 37 CFR 1.73(b)

Applicant/Patent Owner: Intel Corporation

Application No./Patent No.: 6,297,974 Filed/Issue Date: October 2, 2001

Entitled: METHOD AND APPARATUS FOR REDUCING STRESS ACROSS CAPACITORS USED IN

INTEGRATED CIRCUITS
Intel Corporation, a corporation
(Name of assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest or
2. ☐ an assignee of less than the entire right, title and interest.
The portion (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above, as follows:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 919504, Frame 9879, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s) of the patent application/patent identified above, to the current assignee as shown below:

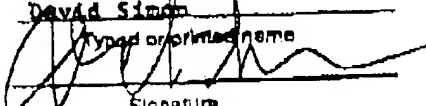
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

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[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.09]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

4/13/04
Date
408 763-8264
Telephone number

David Simon
Typed or printed name

Signature
Chief Patent Counsel
Title

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